

**Approved Education/Training**

All training approval requests must be submitted to the office on the ASACB Training Approval Application and must include a copy of the agenda and curriculum vitae on each presenter. (See Training Approval Application to download)

<b>Arkansas Substance Abuse Certification Board Training Approval Application</b>	
Number of Training Hours Requested: -----Formal----- Informal-----	
<i>Please Attach An Agenda And Curriculum Vitae For Presenters</i> <i>Note: Approval of Certification Hours Does Not Imply Endorsement of Event.</i>	
Name of Trainer/Presenter-----	
Presenter's Title or Qualifications -----	
Name and Address of Sponsoring Organization----- ----- -----	
Contact Person-----	Telephone Number-----
Title of Training Event -----	
Time of Event-----	Date(s) of Event-----
Location of Event----- -----	
Brief Description of Training Event----- ----- -----	
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Authorized Signature from Sponsoring Organization	Date
<b>APPLICANTS <i>DO NOT COMPLETE.</i> EDUCATION COMMITTEE ONLY.</b>	
Approved: Yes ----- No-----Date-----Initials-----	
Disapproved: Yes-----No-----Date-----Initials-----	
Recommendations:----- -----	
Applicant or Trainer notified? Yes----No----Date-----By-----	